

RENEWAL APPLICATION for: TechGuard™ Liability Insurance

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

SECTION I. GENERAL INFORMATION

1. Name of Applicant: _____
(as it should appear on the policy)

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Square footage for all locations owned or leased by the Applicant (if applying for General Liability Insurance) _____

Email: _____ Phone: _____ Fax: _____

Website(s): _____
(include all subsidiaries' website addresses)

2. Has the name of the firm changed, or has any merger or consolidation taken place in the last 12 months? Yes No

If "Yes", please provide details, including dates and any liabilities assumed:

3. Has the Applicant changed the nature of their professional services in any way in the past 12 months? Yes No

If "Yes", please provide explanation:

4. Have there been any material changes in the Applicant's security controls in the last twelve (12) months? Yes No

If "Yes", please provide explanation:

5. REVENUE

YEAR	DOMESTIC	FOREIGN	TOTAL AMOUNT	YEAR
Estimate Upcoming	\$ _____	\$ _____	\$ _____	20 _____
Past Fiscal Year	\$ _____	\$ _____	\$ _____	20 _____

6. Does your company have a firewall and anti-virus program in place? Yes No

a. If "Yes", are these safeguards periodically updated/patched? Yes No

7. Is all sensitive and confidential information stored on your organization's databases, servers and data files encrypted? Yes No
- If "No", are the following compensating controls in place?
- (a) Segregation of servers that store confidential information? Yes No
- (b) Access controls with role based assignments? Yes No
8. Please estimate the total number of customer and employee records you store, either electronically or in physical files:
- Current number: _____ For the Next 12 Months: _____
9. Does your organization process, store, transmit or handle credit or debit card data? Yes No
- If "Yes", are your data security controls compliant with the Payment Card Industry Data Security Standard (PCI DSS) Yes No
10. Please estimate the total number of credit card transactions for the next 12 months: _____
11. Does your organization store personal information on portable devices, including laptops, PDA's back-up tapes, USB thumb drives and external hard drives? Yes No
- If "Yes", is such data encrypted to industry standards? Yes No
12. Does the Applicant utilize a cloud provider to store data? Yes No
- If "Yes", please list the name of the cloud provider: _____ If more than one provider is utilized, please list the provider that stores the most confidential information for the Applicant.

SECTION II. CLAIMS HISTORY

13. (a) Have any claims, lawsuits, proceedings, actions, complaints, demand letters, or investigations/inquiries regarding security or privacy-related incidents (including denial of service attacks, computer virus infections, theft or loss of confidential information, damage to third-party networks, or the ability of third parties to rely on your network) been made against you or any other person or entity proposed for this insurance within the last twelve (12) months? Yes No
- (b) If "Yes", to question 13(a), have all such claims, lawsuits, proceedings, actions, complaints, demand letters, or investigations/inquiries been reported to NAS? Yes No N/A
- (c) If "No", to question 13(b), please provide full details on a separate page of each matter received within the last twelve (12) months.
14. (a) Have any claims, lawsuits, proceedings, actions, complaints, demand letters, or investigations/inquiries alleging professional errors or omissions been made against you or any other person or entity proposed for this insurance within the last twelve (12) months? Yes No
- (b) If "Yes", to question 14(a), have all such claims, lawsuits, proceedings, actions, complaints, demand letters, or investigations/inquiries been reported to NAS? Yes No N/A
- (c) If "No", to question 14(b), please provide full details on a separate page of each matter received within the last twelve (12) months.

Please answer questions 15 & 16 only if General Liability Coverage is desired.

15. Is the Applicant or any other person or organization proposed for this insurance aware of any situation(s), circumstance(s) or allegation(s) of bodily injury, property damage, or personal and advertising injury that could result in a claim? Yes No
- If "Yes", please describe such situation(s), circumstance(s), or allegation(s) in detail on a separate sheet.
16. In the last five (5) years, has any claim for bodily injury, property damage, or personal and advertising injury ever been made against the Applicant or any other person or organization proposed for this insurance? Yes No
- If "Yes", please provide details on a separate sheet, including: 1) date when the claim was made; 2) approximate date when the act(s) giving rise to the claim was (were) committed; 3) name of the claimant; 4) nature of the claim; 5) amount incurred; including claim reserves (if any); and 6) final disposition.

SECTION III. ACKNOWLEDGEMENTS AND REPRESENTATIONS

1. The undersigned represents that the statements, representations and information contained herein, or attached to this application, are true and complete, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this application.
2. The undersigned acknowledges that the signing of this application does not bind the undersigned to complete the insurance. The undersigned further acknowledges that the statements, representations, and information contained herein, or submitted with this application (which shall be retained on file by the Underwriters and shall be deemed attached hereto, as if physically attached hereto), are material to the risk assumed by the insurer; that any policy will have been issued in reliance upon the truth thereof; and that this application and all written statements and materials furnished to the Insurer in conjunction with this application shall be deemed incorporated into and made a part of the policy, should a policy be issued.
3. The Underwriters are hereby authorized to make any investigation and inquiry in connection with this application as they may deem necessary.
4. The undersigned acknowledges and agrees that if the information supplied on this application, or in any attachments, changes between the date of the application and the effective date of the policy period, the Applicant will immediately notify the Underwriters of such change, and the Underwriters may withdraw or modify any outstanding quotations and/or agreement to bind the insurance.
5. For purposes of creating a binding contract of insurance by this Application, or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature, and that the original and any such copies shall be deemed one and the same document.

Authorized Director or Officer, Partner or Principal of the Applicant

Title

Signature

Date